

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16957

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>133</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>			c. LENGTH OF STAY (in this place) <u>2-Hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Keytesville, Mo.</u>			<u>0210</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>205 - Ash St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) <u>August</u> c. (Last) <u>Helmick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 1st, 1954</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 17th, 1906</u>		9. AGE (In years last birthday) <u>47</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Forrest Green, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lewis Helmick</u>			13b. MOTHER'S MAIDEN NAME <u>Joan Vorvance</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Edwards</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>703-01-2273</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nellie Helmick, Keytesville</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Chest Injuries</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile Accident</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH <u>45 Min</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway # 24</u>		21c. (CITY TOWN OR TOWNSHIP) (COUNTY) <u>Chariton Township Randolph Missouri</u> (STATE) <u>MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 1 - 1954 7:40 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Highway car accident involving 2 autos</u>				
22. I hereby certify that I attended the deceased from <u>7:18</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:45 p.m.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Clay S. Kelly D.D. Coronar</u>				23b. ADDRESS <u>Moberly Missouri</u>		23c. DATE SIGNED <u>6-3-54</u>		
24a. BURIAL / CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 4th, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Forrest Green, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-4-54</u>		REGISTRAR'S SIGNATURE <u>Leah Williams Lowe</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wade &amp; Lawitt - Keytesville, Mo.</u>				

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1961 JUN 6 70P

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed N. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Keytesville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.